

PMUSA Clinical Evaluation Study Plan Worksheet

PMUSA CE Study Tracking Number: _____ *(MUST be used on ALL study communications)*
Study Manager (SM): _____ Tel: _____
Study Statistician (SS): _____ Tel: _____

CRO _____ **CRO Study Tracking Number:** _____
Project Manager: _____ Tel: _____
Study Manager: _____ Tel: _____
Key Site Personnel:
 Pharmacist: _____ Tel: _____
 Topography: _____ Tel: _____
 WatchPC: _____ Tel: _____

Monitoring CRO _____
Program Manager: _____ Tel: _____

Min. Time Required for Task	Projected Study-Specific Date	Task or Milestone <i>(initiated by SM unless noted otherwise)</i>
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Clinical Study Team[†] designs study.

Study Manager presents proposed study design for review to CE.
Operations constructs study timeline & inserts in overall project timeline

SM or CPL presents proposed study for review to
WSA [RDE Staff (RS) or R&C (GP)] and/or DRB (JN):
 Purpose and Objectives (scientific AND business)
 Relevant background support data
 Design (endpoints, time-event schedule, data analysis)
 Study timeline; how fits into overall project timeline
 Limitations (of design, schedule, results)

(days to IRB review)

7 workdays

(~10 calendar days)

Protocol outline to Scientific Writer

Initiate contract process.

Notify Legal of anticipated review date.

Notify appropriate key partners:

- conventional cigarette(s) needed [qty (MC), smoke chem (PTL)]
- investigational cigarette(s) needed [qty, smoke chem (PTL)]
- Product Coordinator re Investigator's Brochure
- topography
- WatchPC
- monitoring CRO re monitoring plan
- bioanalytical assays
- ETS
- Discuss recruitment plan w/ CRO (Project Manager and Recruitment Manager)

6 workdays (~9 calendar days)	Draft protocol, attachments, ICF to Study Manager, then Clin Study Team, for review. Study Manager collates comments.
3 workdays (~3 calendar days)	Scientific Writer incorporates PMUSA comments.
8 workdays (~10 calendar days)	Draft final protocol, attachments, ICF to Dir Clin Ops, then Legal, for review. Study Manager collates final comments.
2 workdays (~2 calendar days)	Scientific Writer incorporates final PMUSA comments.
1 workday (Wed.) (~2 calendar days)	Final protocol, attachments, ICF to IRB Secretary and Study Manager
5 workdays (Tues.) (~7 calendar days)	IRB review

(in calendar weeks hereafter)

9 weeks	Subject recruitment begins. Study Manager notifies PMUSA Consumer Response Center. Study Manager reviews CRF and ClinQuick™ clinical conduct plan.
at ~4 weeks prior to start of clinical conduct	Site initiation visit (required for any sites NEW to PMUSA)
at ~2 to 4 weeks prior to start of clinical conduct	Study initiation visit
varies (study-determined)	Clinical conduct: First subject, first visit (FSFV) Clinical conduct: Last subject, last visit (LSLV)
2 weeks from LSLV	Clinical Database Lock (CDBL) Monitoring begins.
N.B.: When available, preliminary* subject listings by analytical batch for 24h or fractional urine volume and creatinine (concentration and amount excreted) will be provided to Study Manager for procedural compliance evaluation.	
3-5 months from LSLV	Analytical Database Lock (ADBL) N.B.: <i>Progressive, staged</i> ADBL may occur, with routine biomarkers locked at approx. 3 months after LSLV and any problematic biomarkers locked by 5 months after LSLV.
1 week from ADBL	Statistical Database Lock (SDBL) IF: <ul style="list-style-type: none"> ○ SAP accepted. ○ Monitoring completed. N.B.: <i>Progressive, staged</i> SDBL may occur, if <i>progressive, staged</i> ADBL occurred.
2 weeks from SDBL <i>(staged or full)</i>	All Tables and Figures for locked biomarkers provided to: <ul style="list-style-type: none"> ○ Study Manager for internal CE review. ○ Scientific Writer to begin writing draft CSR.

8 weeks from SDBL	Draft CSR to Study Manager.
5 weeks	Clin Study Team reviews Draft CSR. Study Manager sends PMUSA comments to Scientific Writer.
4 weeks	Scientific Writer revises Draft CSR and sends Final CSR to Study Manager.
1 week	Clin Study Team reviews Final CSR.

LEGEND

* *Clin Study Team = Clinical Program Leader (CPL) +
 Study Mgr (SM) +
 Study Statistician (SS)
 with input from Marketing, Bioanalytics (BA), Smoking Behavior (SB), and Director Clin Ops*

<i>ADBL</i>	<i>analytical database lock</i>
<i>CE</i>	<i>Clinical Evaluation</i>
<i>CDBL</i>	<i>clinical database lock</i>
<i>COHb</i>	<i>carboxyhemoglobin</i>
<i>CRA</i>	<i>Clinical Research Associate</i>
<i>CRF</i>	<i>case report form</i>
<i>CRO</i>	<i>Clinical Research Organization</i>
<i>CSR</i>	<i>clinical study report</i>
<i>DRB</i>	<i>Design Review Board</i>
<i>ETS</i>	<i>environmental tobacco smoke</i>
<i>ICF</i>	<i>informed consent form</i>
<i>IRB</i>	<i>Investigational Review Board</i>
<i>MC</i>	<i>Manufacturing Center</i>
<i>PMUSA</i>	<i>Philip Morris USA, Inc.</i>
<i>PTL</i>	<i>Product Testing Lab</i>
<i>QC</i>	<i>quality control</i>
<i>R&C</i>	<i>Research Results and Concepts meeting</i>
<i>RDE</i>	<i>Research, Development & Engineering</i>
<i>SAP</i>	<i>statistical analysis plan</i>
<i>SDBL</i>	<i>statistical database lock</i>

* preliminary data = non QCd data released before statistical database lock

On occasion, PMUSA may request release of preliminary data for a specific biomarker in the form of data listings and summary statistics to evaluate key clinical procedural compliance or to help make critical business or product development decisions.